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CONFIRMATION NO. 7813

SERIAL NUMBER 09/702,002	FILING OR 371(c) DATE 10/30/2000 RULE	CLASS 128	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 1065-011US04	
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** CONTINUING DATA ***** This application is a CIP of 09/524,478 03/13/2000 PAT 6,338,345 which is a CIP of 09/287,607 04/07/1999 PAT 6,098,629					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/05/2001					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 4
ADDRESS 28863					
TITLE METHOD AND DEVICE FOR TREATING GASTROESOPHAGEAL REFLUX DISEASE					
FILING FEE RECEIVED 1213	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			